

STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards



FOR OFFICE USE ONLY

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water) Explain:	F	FOR OFFICE CHANGE No. 054-001510 PATE ACCEPTED 12-11 EEE \$ 10 REC' CHECK No. 3366 EEPA: Exempt EXEMPTED 15-10 EXEMPTED	7 103 BY 5 D 12 1 16 1 03
IF MORE SPACE IS NEEDED, ATTACH AD	DITIONAL SHE	ETS (PLEASE PRINT OR	TYPE CLEARLY)
1. Applicant Information:			
APPLICANT/BUSINESS NAME	. 0	PHONE NO.	FAX NO.
DONALD H. AND FIORA	n. Cobb	(509) 588-282/	()
35802 M. DEMOSS ROI	Ad		
BENTON City		STATE	ZIP CODE 99320 - 1135
BENTON LITY		WA	94000
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
		()	()
ADDRESS			
CITY		STATE	ZIP CODE
2 Water Dight Information:			
2. Water Right Information: WATER RIGHT OR CLAIM NUMBER	RECORDED	NAME(S)	
00151	DONAL	-d H. + Flo	RAM. COBB
DO YOU OWN THE RIGHT TO BE CHANGED? X YES INO	18		
IF NO, PROVIDE OWNER(S) NAME:			
	belt the tax start	a Ware Fire	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST	FIVE (5) YEARS	YES NO	
Please attach copies of any documentation that de was established. Also, if you have a water system application.			
FOR OFF	FICE USE ON	LY	
APP. NO PERMIT NO CE	RT. NO	CERT. OF CHAN	GE NO
•			
		CT	CL 00151 SUB. 31 RICHUMOD)
			SUB. 31
	171	2	RICHUMO)

ECY 040-1-97 (3/99)

C34-00151 CTCL

Application for Change

3. Point(s) of Diversion/Withdrawal:

_	_35	_		
A.	Ex	ie	fir	201
\neg	-	13	un	10

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
UAKIMA RIV	EP 2		E	18	9N	37	11897 101 1914 0	04
J					100			

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
UAKIMA RIVER	3		E	18	9N	27	11897-101 1914	005
)						-		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING YES NO PROPOSED: X YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

JAME) FRED WALLQUIST

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	.043		3/, through 10/3,

B. Proposed

	PERIOD OF USE		ACRE-FT/YR	GPM or CFS	PURPOSE OF USE			
10/3	+hRough	3/1		.046	FRRIGATION NO CHANGE			
_								

5. Place of Use:

A Evictina

110	0 41			III TION OF LAP	NDS WHERE WATER IS PR	LOCATET OSED.	
10	0117	ANGE.					
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACF
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACR

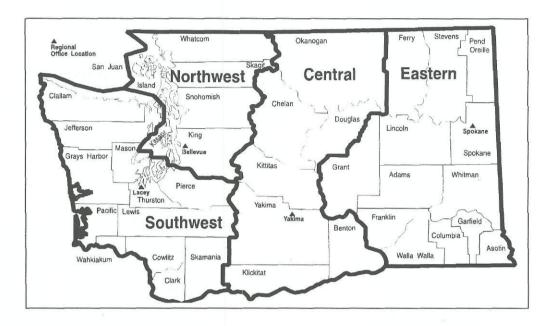
B. Pro	posea	1	EGAL DES	SCRIPTION O	F LANDS WHERE NEW USE IS	S PROPOSED:	
IDE	OWN						4 AND
INTE	end t	o in	35+AL	L A	LOT3 SHI	3 ustery	. SEE
AHA	CHEd	(3).			O	J	
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
	E	18	90	27 EWA	BERTON		1.98
DO YOU C	WN ALL THE	LANDS IN			OF USE? X YES D NO	– IF NO, PROVIDE OWNER	R(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☐ YES ☑ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 6. Remarks and Other Relevant Information: IF FOR SEASONAL OR TEMPORARY, START DATE ____/___ END DATE ____/___ 7. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE. WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE □ SECTION _____ IS INCOMPLETE ☐ ADDITIONAL SIGNATURES REQUIRED ☐ OTHER/EXPLANATION:__ DATE: / / STAFF: ___

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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